

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4	/					
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49		/				
50		/				
TOTAL IND.	2					
TOTAL DEP.	36					
TOTAL CLAIMS	38					

	IND		DEP	
	IND	DEP	IND	DEP
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TOTAL DEP.				
TOTAL CLAIMS				